

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$17.00 for date of service, 02/23/01.
- b. The request was received on 02/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. Position Statement
 2. UB-92s
 3. EOB(s)
 4. Medical Records
 - b. Additional documentation requested on 06/10/02 – No response found in the file.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4) , the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/10/02. There is no response from the Requestor in the file nor is there is a Carrier initial or 14-day response in the file. A "No Response Found" from the Requestor is reflected in Exhibit I.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 12/27/01

"On February 23, 2001, (Claimant) was seen at (facility) for surgery related to her on the job injury of _____. As part of the surgery, two X-rays were taken of her lumbar spine. One of the studies was performed during the surgery, and was interpreted by a (facility) physician,.... The second, also a postoperative exam, was read by..., another of our doctors.... Our bill did include '-77' modifiers to designate repeat procedures by different physicians, according to correct coding procedure.... This bill has been submitter to the carrier several times with supporting documentation clearly stating that two films were obtained, so there is no reason for the company to not reimburse (facility) for the second procedure."

2. Respondent No response

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 02/23/01.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
02/23/01	72020 26 77 Per Requestor's Table of Disputed Services	\$31.00	\$0.00	No EOB	\$13.00/PC \$30.00/TC	MFG General Instructions (VIII) (B); RGR (I) (A); Rule 133.307 (g) (3); CPT Descriptor	The Provider has submitted an EOB for radiology charges that have been paid by the Carrier. There is not an EOB for the radiology charges in dispute. The Provider has failed to respond to the TWCC request dated 06/10/02 for additional information relevant to this dispute in accordance with Rule 133.307 (g) (3); therefore no additional reimbursement is recommended.
Totals		\$31.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 27th day of August 2002.

Denise Terry, R.N.
Medical Dispute Resolution Officer
Medical Review Division

DT/dt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.